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ABSTRACT

This paper discusses the nature and availability of early childhood care and education in Illinois and advances recommendations to improve the current system. It argues that current multiple federal, state, and local funding streams, with different eligibility requirements and administrations, divide families and programs into artificial and inappropriate categories, and lead to serious inequalities in quality and comprehensiveness. Despite a recent surge in the number of coordinating bodies, planning initiatives, and service integration efforts, Illinois families still face a maze of programs, eligibility requirements, application procedures, and unconnected services. The following recommendations are offered: (1) the creation of a cabinet-level state department of early childhood services; (2) the creation of a state-level entity within the governor's office with the authority to ensure collaboration of early childhood services across agencies; (3) the development of mechanisms to ensure that early childhood issues of access, quality, and coordination are part of local community planning efforts; (4) the development of an expanded state prekindergarten program to include children from birth through age 5; and (5) the development of a centralized computer information system. (MDM)

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CHANGING DIRECTIONS: Toward a Comprehensive System of Services for Early Childhood Care and Education

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EXECUTIVE SUMMARY

It is now widely recognized that the earliest years of our children's lives are crucial to their healthy growth and development, to their successes in school and in life. We recognize that families are the prime nurturers and educators of children. And we understanding that all families, of all income levels, need support and services in their efforts to raise healthy children. What is missing, both nationally and certainly in Illinois, is a rational system that connects these resources to and for families, maximizes limited funds, reflects and responds to the needs and input of families and communities, and results in positive outcomes for children and families. Despite a surge of coordinating bodies, planning initiatives, services integration efforts, families with young children in Illinois still face a maze of programs, eligibility requirements, application procedures, and unconnected services.

It is time to change the way we do business. For our families and young children, we must go beyond our rhetoric and truly create a "seamless system" -- one that:

- does not separate care and education in any program for young children;
- enables families to access high quality child care and education services with no disruption as a family's and child's needs, economic situation and eligibility for services change;
- enhances child and family development by being accessible, affordable, of high quality, and linked to a range of other services families might need; and,
- is based on the needs of families and children, including a range of options, accessible information about these options, and services that are developmentally appropriate and culturally responsive, and linked to other services in a comprehensive manner.

While the past ten years has seen an influx of federal and state resources for early childhood and education services, the current "non-system" in Illinois prevents us from making maximum use of these limited resources and providing an effective means for families to know

about and use what does exist. Multiple federal and state funding streams, with different eligibility requirements and administered by different federal and state agencies, divide families and programs into artificial and inappropriate categories, and lead to serious inequities in quality and comprehensiveness. Child care programs to enable parents to work, while offering full-day care, are funded at such low levels that few eligible children can participate, quality is seriously jeopardized, and services to meet the broader needs of families can not be included. Early childhood "education" programs like Head Start offer comprehensive services to the entire family, but also cannot serve all eligible children and too often cannot meet the needs of parents for full-time care; others, including state Prekindergarten programs, offer basic education services, usually part-time and without health, nutrition, social services coordination and other important components to promote child development and strengthen families. Too few resources are available for families with children under the age of three, for families who need full or part time care and education for a child with special needs, and for families who are neither working or in school.

In Illinois, three state agencies -- the Illinois Department of Public Aid (IDPA), the Illinois Department of Children and Family Services (DCFS), and the Illinois State Board of Education (ISBE) -- administer the major early childhood programs, reflecting the multiplicity of funding sources and variations of approach and quality. The lack of an overarching system of early childhood services creates a number of serious issues.

Illinois has established priority groups for those eligible for DCFS-administered child care, yet there is no formal data collection system that would enable the Department to monitor

and assess whether the designated priority populations are indeed being given priority for services. Despite an additional $30 million of federal Child Care and Development Block Grant (CCDBG) funds that Illinois has received in the past three years, there has been no perceptible reduction in waiting lists for child care subsidies in Cook County, and infant and toddler care remains a major need as teen parents and others are mandated to go to school or work. Disincentives to serving the top two priority populations (special needs, including teen parents, and very low income families) are built into DCFS' current contracting system.

Other problems arise from having two uncoordinated methods of dispersing child care funds -- through individual vouchers to families or contracts to providers -- complicated by having two state agencies administering these methods. Contracts and vouchers each meet different needs of families and of providers. Contracts provide the stability that providers need to stay in business and often support higher quality care, while vouchers provide greater choice and flexibility for families (vouchers are usually the only means for parents to obtain evening, weekend and part-time care, and by paying family members and neighbors, help meet the demand for infant and toddler care). In Illinois, the balance between DCFS-administered contracts and vouchers varies greatly throughout the state, while IDPA has no contracted services at all. In Chicago most centers with DCFS contracts have all of their slots funded through these contracts. These centers can only serve a family eligible for an IDPA-administered federal entitlement by using DCFS-contracted funds. When these funds are state general revenue dollars, the state loses federal matching funds; when federal block grant funds are used the total number of people who can receive subsidized care in the state is reduced.

Another set of issues arise when we consider the early childhood education programs run by Head Start and the Illinois State Board of Education. Higher salaries and teaching requirements in the State Prekindergarten program result in higher quality programs than the current market rates for child care programs can support. Yet, prekindergarten programs are only half-day, making them unsuitable for families needing full-day services; they do not serve families with infants and toddlers, nor do they have the comprehensive services of Head Start (health and nutrition, social services, and parent involvement). Early childhood programs for special needs children, administered in a separate section of ISBE, are not easily available for children in child care or prekindergarten programs. Families are left very much on their own as they struggle to get the varied needs of one or several of their children met.

In a number of areas, Illinois does have the beginnings of a foundation upon which to build an effective system of early childhood services. As a result of the Child Care Summit of 1989, the state has implemented common rates and fee structures for all subsidized care, and there are now seventeen Child Care Resource and Referral agencies across the state, offering parents and providers information and support, and in Cook County administering some IDPA child care programs. In Chicago, some Prekindergarten dollars are being used to enhance the quality of child care centers, and family child care networks are being funded to provide training and support to home child care providers. Local Interagency Coordinating Councils (LICCs) have begun to pull together a broad range of local early childhood providers, advocates and parents to develop improved early intervention services for infants and toddlers and their families.

Given our vision, our understanding of what children and families need, and lessons learned from our own and other states, we have already a good deal upon which to build a system that works. Models from other states suggest that the most effective efforts include action from the "top down" **and** the "bottom up." All require strong state leadership.

Strategies for Illinois to consider include:

1. **The creation of a Cabinet-level Department of Early Childhood Services (DECS) (as there is a Department of Aging), to create and oversee an effective delivery of early childhood services.** A Department of Early Childhood Services would administer all early childhood care and education programs now administered by the various state agencies described above. Among its responsibilities would be to ensure quality by establishing program standards, and a system of personnel training and development, and evaluating program effectiveness of state-wide programs. In addition, the Department would establish strong working agreements with the regional Head Start Office and Kindergarten through Twelfth Grade programs of the State Board of Education.

2. **The creation of a state-level entity within the Governor's Office with the authority to ensure collaboration of early childhood services across agencies.** The role of this entity would include addressing cross-system issues; identifying policy and implementation barriers to coordinated service delivery; providing waivers to policies that impede service delivery; identifying, securing and disseminating new federal, state, and private dollars and maximizing the use of these funds; providing incentives and technical assistance for local collaborative effort.

3. **The development of mechanisms to ensure that early childhood issues of access, quality, and coordination are part of local community planning efforts.** These could include linkages with community planning bodies such as the Local Area Networks and the Local Interagency Coordinating Councils; redefining and expanding the role of the Child Care Resource and Referral Agencies to ensure community-based and family-centered services (including centralized data collection, administration of a centralized waiting list and referral system, a mechanism to insure that the most appropriate funds follow families and children, training and development of providers and staff, consumer education efforts available to families in their own communities and neighborhoods).

4. **Development of an expanded State Prekindergarten program to meet the needs of today's families by including families with children from birth to five, children with delays and disabilities, and programs that are full-day, full-year.** An expanded Prekindergarten program could develop mechanisms to use Prekindergarten dollars to enhance child care programs, and extend early childhood best practices (including health, nutrition, and social services; parent involvement; and developmentally appropriate education) to kindergarten through third grades.

5. **Development of a centralized computer information system**, which could: identify all the funding streams for which a family is eligible at any given time and enforce the use of the most appropriate funds; create a consolidated waiting list which providers receiving public funds would be required to access; automate eligibility screening, enrollment, and billing, and allow for client-based record-keeping and reporting.

True systems change means making permanent improvements in services and service delivery. Nothing less than our future as a society depends upon our willingness to do better.

INTRODUCTION

It is now widely recognized that the earliest years of our children's lives are crucial to their healthy growth and development, to their successes in school and in life. We also recognize that families are the prime nurturers and educators of children. And there is growing understanding that all families, of all income levels, need support and services in their efforts to raise healthy children, ranging from information on health care, to guidance on selecting a pre-school or after-school program, to help for a child with hearing loss, a learning disability, or a behavior problem. Yet services alone, even of the highest quality, are not enough if families don't know about them, can't get to them, can't afford them, or the services don't meet a family's particular and ever-changing constellation of needs. What is missing, both nationally and certainly in Illinois, is a rational system that connects these resources to and for families, maximizes limited funds, reflects and responds to the needs and input of families and communities, and results in positive outcomes for children and families.

Collaboration, coordination, service integration, family-centered services are buzzwords of the '90's. Yet there is little evidence of these concepts in current Illinois programs and practice. All of us -- providers, advocates, policy makers, and families themselves -- daily experience the stumbling blocks: categorical funding streams, conflicting regulations, systems that don't "talk" to each other. Despite the surge of coordinating bodies, planning initiatives, service integration efforts (some mandated by federal legislation, others unique efforts of state government, local communities, private foundations or research institutes), families with young children still face a maze of programs, eligibility requirements, application procedures, and unconnected services. Our reality is far different from our rhetoric.

We can no longer do business as usual. In the words of advocates Ann Turnbull and Jean Ann Summers, we need a "Copernican revolution" that places families at the center of any service system. For our families with young children, we need a "seamless system" that enables families to access high quality child care and education services with no disruption as a family's and child's needs, economic situation and eligibility for services change; a system that enhances child and family development by being accessible, affordable, of high quality, and linked to a range of other services families might need.

In such a system, care cannot be considered separately from early childhood education, for young children in any setting learn and develop through a combination of play, routine interactions with the people who care for them, and educational experiences appropriate for their age. And just as we can't separate care and education, neither can we separate the needs of children from those of their families. If we are serious about giving our youngest citizens a strong start, we must understand what children and families really need to grow well, and design and implement new ways to work together.

What do children and families need? Experts agree (See Levy, Kagan, Copple, 1992) that an effective system of early childhood care and education services must include:

- A range of options that provide parents a real choice by offering services that are of equal high quality, affordability, and accessibility;
- High quality, developmentally appropriate and culturally responsive care and education services specific to the age of the child in any setting;
- Readily accessible information to enable families to learn of all available resources and make informed choices among these resources, and mechanisms to bring information to families who are unable or may not seek this information on their own;
- Services that ensure continuity, stability, and consistency in children's care and education;

- A comprehensive approach through linkages with or access to other services and support (health, mental health, drug prevention and treatment, parent education, housing, income support).

PROBLEM STATEMENT

Recognizing the importance of the early childhood years and the role families play in these years, significant new federal and state resources have been allocated over the past decade for a range of early childhood care and education services. Despite this influx of resources, they remain insufficient to meet the growing need. Also, the current "non-system" in Illinois prevents us from making maximum use of these limited resources and providing a means for families to know about and use what does exist.

Multiple federal and state funding streams, with different eligibility requirements and administered by different federal and state agencies, divide families and programs into artificial and inappropriate categories. For example, a variety of "child care" funds are available to help families go to work or move toward self-sufficiency while other "early childhood education" programs (Head Start or state prekindergarten programs) help "disadvantaged" or "at-risk" children get ready for school. More likely than not, a child in need of the first program would also be in need of the second. Similarly, some programs serve poor families who receive public assistance while others serve poor families who do not, yet the income and needs of these families may differ very little. And if a child has special needs, the family may be served by yet another program in another branch of government.

Such fragmentation leads to serious inequities in quality and comprehensiveness. Child care programs to enable parents to work, while offering full-day care, are funded at such low levels

that few eligible children can participate, quality is seriously jeopardized, and services to meet the broader needs of families can not be included. Early childhood "education" programs like Head Start offer comprehensive services to the entire family, but also cannot serve all eligible children and too often cannot meet the needs of parents for full-time care; others, including state Prekindergarten programs, offer basic education services, usually part-time and without health, nutrition, social services coordination and other important components to promote child development and strengthen families. Too few resources are available for families with children under the age of three, for families who need full or part time care and education for a child with special needs, and for families who are not working or in school.

BACKGROUND

In Illinois, three state agencies administer the major early childhood programs, reflecting the multiplicity of funding sources and the variations of approach and quality. **Illinois Department of Public Aid (IDPA)** administers child care entitlements for welfare recipients(IV-A/JOBS) and those leaving welfare (Transitional Child Care (TCC)), and child care for those at risk of becoming welfare recipients(IV-A At-Risk). These programs are administered through a voucher or direct pay system and require state matching funds. The Office of Child Development within the **Illinois Department of Children and Family Services (DCFS)** administers child care funded through two federal block grant programs, which require no state match, (Child Care and Development Block Grant (CCDBG) and Social Services Block Grant (SSBG - "Title XX"); general revenue funds ("consolidated" child care); and some local government funds (matched with Title XX funds). DCFS child care programs are available to families with incomes up to

75% of the state median income ($26,230 for a family of three or about 200% of poverty). These programs are administered through both contracts with child care centers and some family day care networks ("site-administered" care) and vouchers that families access (if funds are available) at regional DCFS offices ("regionally-administered" or "client-based" care) for any legal care of their choice. The **Illinois State Board of Education** divides its early childhood services into two departments. The *Early Childhood Education Section* of the Student Development Services Department oversees the PreKindergarten Program for Children at Risk of Academic Failure, a half-day program for children ages three to five whose eligibility is determined by test; the Early Childhood Parental Training Program for any family with a child under the age of five living in a participating school district; the Prevention Initiative for "at-risk" families with children under three, and the federal Even Start family literacy program for families with children under seven. The *Early Childhood Development Section* of the Special Education Department administers federal Part H Early Intervention funds for families of any income level with children from birth through two with developmental disabilities or delays or at risk of developing delays, and Part B federal special education dollars which fund mandated services for eligible children ages three to five.

Head Start programs, the majority of which provide half-day services for children ages three to five and their families with incomes below the poverty level, are administered through the Region V offices of the United States Health and Human Services Department. To further confuse the picture, a significant percentage of DCFS wards are eligible for early intervention and other special services.

Issues of a "non-system"

It is easy to see how such a morass of funding, approaches, governance and administrative mechanisms can lead at best to confusion and difficult access and at worst to inappropriate and untimely care, inefficient use of resources, and gaps in service. The lack of an overarching system of early childhood services in Illinois has created a number of serious issues.

Access and continuity

Priority populations: In 1992, as part of a required state plan to receive federal Child Care and Development Block Grant funds, Illinois established priority groups for those eligible for all DCFS-administered child care. In order of priority, these groups are : 1) children with special needs, including children of teen parents, children in need of protective services, and children of parents with special needs; 2) children in "very low-income" families, defined as families with income below 50% of the state median income ($17, 487 for a family of three); and 3) all other eligible children -- those in families with incomes from 51% to 75% of the state median income. Unfortunately, no formal data collection system has yet been established to enable the Department to monitor and assess whether the designated priority populations are indeed being given priority for services.

The state has received an average of $30 million in annual block grant funds in the past three years. Yet, there has been no perceptible reduction in waiting lists for child care vouchers in Cook County. And, even though regional offices submitted plans that prioritized infant and toddler care, such care has not materialized. In Cook County, only 5% of contracted care slots are for infants and toddlers. Information gathered by the Illinois Child Care Resource and

Referral programs indicate that there are only 25,000 infant/toddler child care slots in the state, yet the Day Care Action Council estimates that almost 95,000 infants and toddlers in Illinois need assistance with child care arrangements. There are more than 118,000 infants and toddlers on AFDC alone in Illinois.

Families who call the regional DCFS Office of Child Development in Cook County seeking a child care voucher (regionally-administered care) receive little information about the waiting list process and how to obtain a subsidy. They are sent neither an enrollment form nor any written notification indicating if and where they have been placed on a waiting list; nor do they receive referral information at the time of their call.

In addition, no centralized computer information system exists that could establish a consolidated waiting list for all subsidized care that all providers could access. Without such a list there is no way that the state can truly prioritize its services. There is no formal or reasonable way for families on regionally-administered lists or others eligible for DCFS-administered child care to know about and access this care. Likewise, contractors with available slots have no formal way of knowing about these families. What exists is a closed system in which contracted providers maintain and draw from their own waiting lists, while most families languish on regional waiting lists or on no list at all.

Further, there are disincentives for contracted providers to go beyond their own waiting lists to serve priority populations. Under current contracts, providers are penalized for poor attendance or unfilled slots: a provider can only receive full reimbursement from DCFS when their overall attendance is at least 80% in any given month (70% when negotiated in special cases). Because slots must be filled fast, a provider has no reason to seek out an unknown teen

parent or other very low income family, if there are several families with incomes above 50% of the median income on the provider's own waiting list. Similarly, there is little incentive to serve families who are most likely to have attendance problems, in particular teen parents and very low-income families (in the top two priority groups) who are struggling with daily survival needs, are surrounded by violence, and have few transportation options.

Contracts versus vouchers: A number of problems arise when there are two methods of dispersing child care funds that are not coordinated, complicated by having two state agencies administering these methods. Contracts and vouchers each meet different needs of families and of providers. Contracts provide the stability that centers need to stay in business, particularly in low-income neighborhoods. Contract-based providers are often connected to larger social service agencies and therefore can hire more highly-qualified staff and provide ongoing training and supervision. Vouchers, on the other hand, provide greater choice and flexibility for families. They enable parents to pay friends, family members and neighbors for child care. Issues of convenience and trust lead many parents, particularly teen parents, to prefer such family-based child care arrangements. Parents of infants and toddlers often prefer a smaller more intimate home setting for their babies, and few center-based infant/toddler care settings exist. Family-based care also meets the needs of families whose jobs or schooling require evening, weekend and part-time care (again, these are often teens in school, people in GED programs, and those in low-paying service jobs).

The Child Care and Development Block Grant Act underlined the importance of parental choice by requiring states to assure that parents of eligible children have the option of either enrolling their child with a provider that has a grant or contract to provide services or to receive

a child care voucher or certificate. In Illinois, the balance between DCFS contracts and vouchers varies greatly throughout the state, while IDPA has no contracted services at all. While downstate DCFS regions tend to put more funds into vouchered care, Rockford and Cook County have much greater amounts in contracted services. This imbalance of contracts and vouchers creates a special problem in Chicago, where most centers with DCFS contracts have all of their slots funded through these contracts. Under the current system, if a family with an IDPA voucher should happen to hear of a child care center in which they are interested, they could put their name on the center's waiting list.[1] However, if a slot becomes available for this family, a center with all its DCFS slots under contract could only provide care to this family by using its DCFS-contracted funds (CCDBG, SSBG/Title XX, or GRF). In this situation, the categorical funds to which the family is entitled (IV-A, TCC, or IV-A At-Risk) would go unused. By using state general revenue funds, the state loses federal matching dollars; using block grant funds for a family eligible for a federal entitlement ultimately reduces the number of people receiving subsidized care in the state. Neither is a wise choice.

Quality, supply, and parent choice: Vouchers address issues of parent choice and supply by enabling parents to pay for care that is rarely available through contracts (e.g. evening or weekend care, home-based infant/toddler care). However, the quality of these informal care arrangements (usually license-exempt) is often at issue. To accept subsidies, license-exempt home-based providers in Illinois "self-certify" to minimal health and safety standards, while federal regulations exempt relative caregivers (also license-exempt) from even this requirement.

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[1]In a 1991 survey conducted for IDPA, over half the parents using some form of child care indicated a preference for center- or school-based child care programs, yet fewer than half of those preferring center care were actually using it (Child Care and AFDC Recipients: Patterns, Problems and Needs, Institute of Applied Research, September 1991)

Additionally, federal CCDBG funds allow only a limited portion to be spent on quality issues (training, monitoring, minor renovations), while child care entitlement funds provide no resources to improve quality. Also, federal child care funding streams do not allow capital expenditures for construction or major renovations (needed particularly in low-income communities and to develop school-based child care for teen parents). State resources and mechanisms are needed to insure that Illinois parents have a choice of a range of quality services.

Difficult transitions: Without an overall system of early childhood services, families are also left to struggle on their own as their children, growing and with changing needs, transition from one program to the next. For example, in Chicago the process of moving a three year old from an early intervention program for infants and toddlers to a preschool program with special education services can be extremely confusing, often involving long waits and duplicative evaluation processes. Few resources (training or personnel) exist to provide early intervention services to an infant or toddler in a family child care setting. A family whose child moves from a Head Start program to kindergarten rarely has access to the comprehensive services that have served them so well in Head Start. And for families with more than one young child in need of care, our fragmented, categorical, and age-based approaches often force them to find separate services for each child.

Inequities in quality and comprehensiveness

Because the State Prekindergarten program is part of the public school system, program staff must have teaching certificates and are paid school district salaries. Federal child care funding

streams, on the other hand, are restricted to paying no more than 75th percentile of the market rate for care, an insufficient amount to ensure similar staffing standards and quality care. [see Personnel Issues and Quality of Programs policy papers for further description of quality issues]. And, while Head Start and State Prekindergarten programs serve a similar group of at-risk preschoolers, the Prekindergarten program does not require the comprehensive services of Head Start. Nor has the Prekindergarten program, as its funding has been expanded, moved like Head Start to meet the changing needs of families by including more full-day full-year programs or much needed programs for infants and toddlers.

Lack of coordination

Finally, there is no mechanism in Illinois to coordinate existing child care and education programs to ensure high quality in all services (e.g. enabling Head Start or Prekindergarten funds to enhance child care programs) or to identify and respond to service gaps (e.g.infant/toddler care, facilities, training and support to family child care providers, early intervention services).

NEXT STEPS: Building an effective system of services

If we truly share a vision of the importance of high quality, comprehensive early childhood services for families and young children, how do we begin to translate this rhetoric into reality? Is it possible to create a system that places families -- their needs, their interests, their input -- at the center? There are some promising approaches.

National Trends and Models

A number of federal initiatives in recent years have spurred states (through mandates and resources) to coordinate various areas of human services and to include families as an integral part of these planning and coordination efforts. Since 1988, federal funds have been available to help states plan and develop coordinated, comprehensive systems of services for infants and toddlers with developmental delays or at risk of delays and their families (Part H of the Individuals with Disabilities Education Act). The 1993 Family Preservation and Support Services Act provides funds to states for broadbased and ongoing planning to improve their child and family services systems and to expand preventive and supportive services that strengthen families, help them avoid crises, and to cope better when crises do occur. The 1994 Head Start Reauthorization Act places a strong emphasis on local community planning and requires state collaboration grants to support collaboration between Head Start and other early childhood, health and social services (Adams, 1994). Within HHS, four child care funding streams (IV-A, TCC, IV-A At-Risk and CCDBG) are now administratively under one Bureau (equivalent to the Head Start Bureau), and proposed CCDBG regulations mandate coordination among the four programs.

Some answers to how a state, a region, or a community may begin to move toward a more integrated system of services are emerging from other states' experiences and some recent Illinois experiments:

- **Florida's** State Coordinating Council for Early Childhood Services provides oversight and overall policy direction for a broad range of prevention and early intervention services for families with children from birth through five. Its thirty members include representatives from

preschool, special education, health, child care, Head Start, parents, advocates and providers. The Council provides technical assistance to local coordination councils, and has recently been involved with the Head Start community to plan for additional federal Head Start funds in the state. The Council also meets twice a year with the state's Interagency Coordinating Council for Infants and Toddlers (Early Intervention).

- **Colorado** has a state advisory council, representing a broad range of early childhood and human service organizations, providers and advocates, that sets policy for the state's prekindergarten program. While local school districts are the lead agencies for this program, this year the Council is requiring local early childhood management teams (District Councils) to submit proposals (instead of the school district), assess the quality of local sites, and minimize local politics. Funds for training and technical assistance to the District Councils is pooled from all early childhood funding streams.

- The **North Carolina** Partnership for Children, an initiative of Governor Jim Hunt called "Smart Start," is a nonprofit, public-private partnership that brings together a broad range of North Carolinians on both the state and local levels to ensure that children enter school healthy and ready to learn. Twelve local nonprofit coordinating entities have been funded to develop comprehensive quality early childhood initiatives. Family input is mandated, and one-quarter of Smart Start dollars are targeted to families who need family support services other than child care (i.e. parenting information, family literacy, health care, job training). In addition to the local initiatives, Smart Start funds a range of other state-wide efforts geared to improving health and early childhood services (immunizations, child care staff training, and licensing of child care providers).

- **Indiana's** Step Ahead Initiative helps counties coordinate preschool, child care, early intervention, health care, and family services. In at least one county, the local early intervention coordinating council broadened its mandate to include all services for families with children from birth to five; early intervention is now a sub-group of the Step Ahead Council. Consumer participation, input and decision-making on the Step Ahead Councils are strongly encouraged. Parents monitor and evaluate the service providers and receive educational materials and training to support their roles as consumers of services.

In Illinois: An Emerging Foundation

In a number of areas, Illinois has the beginnings of a foundation upon which to build an effective system of early childhood services. From the Child Care Summit of 1989, several important recommendations have been implemented, including common rates and fee structures for all subsidized care (proposed CCDBG regulations would now require this of all states), and the establishment of seventeen Child Care Resource and Referral agencies. In Chicago, some Prekindergarten dollars are being used to enhance the quality of child care centers, and family child care networks are being funded to provide training and support to home child care providers. The Illinois Interagency Council on Early Intervention (IICEI) has established forty-five Local Interagency Coordinating Councils (LICCs), which have begun to pull together a broad range of local early childhood providers, advocates and parents to develop improved early intervention services for infants and toddlers and their families. Because some of these LICCs have been in existence several years, much can be learned from their initial efforts. And, because part of their mission is to help families transition to programs serving three-to-five year

olds and to coordinate with the broader early childhood field, LICCs in some communities could provide a vehicle for coordinating the broader range of early childhood services.

The state's Interagency Council on Early Intervention is now piloting a "central billing office (CBO)" concept. A central goal of the CBO is to streamline reimbursement for early intervention providers by combining the various financial resources of many state agencies into one system where bills would be received and paid in a timely manner. Another goal is to maximize the opportunity to access federal funds (primarily Medicaid) for early intervention. The Child Care Summit had a similar concept in their recommendation of a centralized computer system that could identify all the early childhood funding streams for which a family was eligible and ensure the use of the most appropriate funds at any given time; this would also enable the state to draw down more federal matching dollars.

Other new and potential initiatives with which any early childhood effort must link in some way include: Project Success; the Child and Adolescent Local Area Networks (LANs); the federal Family Preservation and Support Services programs, for which Illinois is now beginning to plan; the Governor's Task Force on Human Services; and funds for the federal Empowerment and Enterprise Zones which Chicago is likely to receive.

POLICY IMPLICATIONS -- A CALL TO ACTION

The challenges of moving toward a coordinated system of comprehensive early childhood services are many. To pose only a few: How do we ensure real family input at all levels? How do we ensure both quality and parental choice, and that Illinois can honor its priority populations? And, how do the various planning efforts, including Success Starts Young, fit into

a cohesive whole?

Given our vision, our understanding of what children and families need, and lessons learned from our own and other states, it is time to act. Models from other states suggest that the most effective efforts include action from the "top down" **and** the "bottom up."

Successful early childhood care and education initiatives in other states emphasize the importance of strong state leadership -- the fuel that provides the power, the direction, the incentives and the support to ensure coordinated services for families at the community level.

From this leadership, some models have emerged. Examples that Illinois could consider include:

1. Creation of a Cabinet-level Department of Early Childhood Services (DECS).

The span of early childhood programs that currently exist in Illinois, the public dollars that are now spent on these programs (close to $350 million a year), and the overriding importance of children's earliest years to the future of our state and nation all warrant the creation of a single Department (much like the Department of Aging) to create and oversee the most effective delivery of early childhood services. A Department of Early Childhood Services would administer all early childhood care and education programs now administered by the various state agencies described above. Among its responsibilities would be to ensure quality by establishing program standards, and a system of personnel training and development, and evaluating program effectiveness of state-wide programs. In addition, the Department would establish strong working agreements with the regional Head Start Office and Kindergarten through Twelfth Grade programs of the State Board of Education.

2. Creation of a state-level entity within the Governor's Office with the authority to ensure collaboration of early childhood services across agencies.

A number of task forces and organizations have recently recommended the creation of an Office for Children and Families in the Governor's Office. A subgroup on Early Childhood Services could be part of such an Office. Members of this subgroup would include key state agencies (the new DECS, DCFS, IDPA, IDPH, DCCA, DASA); parents/consumers of all types of early childhood care and education services; providers and advocates; experts in the field.

The role of this entity would include addressing cross-system issues; identifying policy and implementation barriers to coordinated service delivery; providing waivers to policies that impede service delivery; identifying, securing and disseminating new federal, state, and private dollars and maximizing the use of these funds; providing incentives and technical assistance for

local collaborative effort.

3. Developing mechanisms to ensure that early childhood issues of access, quality, and coordination are part of local community planning efforts.

There are various ways that this could be achieved:

- Parents of young children, community-based early childhood service providers, and schools would establish formal links and participation in community planning bodies such as the Local Area Networks and the Local Interagency Coordinating Councils;

- The role of the Child Care Resource and Referral Agencies could be redefined and expanded to ensure community-based and family-centered services. The R&Rs are positioned to carry out a number of important regionally-based functions (with appropriate computer technology: centralized data collection, administration of a centralized waiting list and referral system, and a mechanism to insure that the most appropriate funds follow families and children; training and development of providers and staff). To reach families who might not know about or have access to regional R&Rs, consumer education efforts now performed by phone and mail could be designed to be available to families in their own communities and neighborhoods.

- Some communities might choose to expand the purview of their Local Interagency Coordinating Councils to include all early childhood services birth to five, with early intervention being a subgroup of the broader council.

4. Following the lead of Head Start, Illinois could develop an expanded State Prekindergarten program to meet the needs of today's families by including families with children from <u>birth</u> to five, children with delays and disabilities, and programs that are full-day, full-year.

An expanded Prekindergarten program that serves children from birth to five and offers full-day, full-year programming would include coordination and joint planning with other early childhood services (child care, Head Start, family support) and develop mechanisms to use Prekindergarten dollars to enhance child care programs. Transition grants to public school programs could help ensure that early childhood best practices (including health, nutrition, and social services; parent involvement; and developmentally appropriate education) are extended to Kindergarten through third grades.

5. There are a number of ways to approach the issue of greater equity in quality and access within current early childhood services. The 1989 Child Care Summit recommended the development of a **centralized computer information system.**

A centralized computer system would at a minimum, include both the IDPA and DCFS child care systems to allow essential coordination between the two systems, including the CCR&Rs. It would allow the state to identify all the funding streams for which a family is eligible at any

given time and enforce the use of the most appropriate funds. A centralized computer system could also create a consolidated waiting list, prioritized by designated priority population and listed by zip code, for all subsidized child care and education services. Providers receiving public funds would be required to access this list (rather than maintain their own), but the technology would enable them to quickly find the highest priority family that needs and wants the service they have to offer. Automation of provider services, locations, and openings would provide families and family advocates with more complete information of the options available to them. Other functions of a centralized computer system could include automation of all eligibility screening, applications, enrollment, notice to applicants of status of application, and billing data; a functional data collection system that would allow for client-based record-keeping and reporting (expenditures by county, contracts versus vouchers, demographics).

Other options to improve quality are discussed further in other papers, including issues of training and support (one effective model for home-based child care is the family day care network model), increased wages, teacher qualifications, and program accreditation, efforts to increase child care and education services for families with infants and toddlers (school-based/linked child care). [see policy papers on quality and personnel]

It is important to recognize that true systems change means making permanent improvements in services and service delivery. In *Together We Can, A Guide for Crafting a Profamily System of Education and Human Services* (Melaville and Blank, 1993), the authors caution against "projectitis," which they describe as "the tendency to add new programs to existing systems without developing mechanisms to expand successful innovations and improve outcomes throughout the community for everyone with similar needs." Rather, they explain, **key leaders in every sector must come together in collaborative partnerships to create new working relationships, new operating assumptions, with the authority and the willingness to alter existing policies and procedures to make system-wide, long-term changes.**

The issue of systems change is much larger than early childhood care and education services. It is truly the most important role of government. Nothing less than our future as a society depends upon our willingness to do better.

BIBLIOGRAPHY

Adams, Gina. Draft of forthcoming publication on State Pre-Kindergarten Initiatives. Washington, DC: Children's Defense Fund.

Blank, Martin and Atelia Melaville. Together We Can: A Guide for Crafting a Profamily System of Education and Human Services. U.S. Department of Education and U.S. Department of Health and Human Services. Washington, DC: April, 1993.

Brown, Carole. "TurfBusting: Breaking New Ground," LinksLetter Technical Assistance Insert, LinksLetter. Washington, DC: September, 1993.

Bruner, Charles. Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services. Education and Human Services Consortium. Washington, DC: 1991.

Child Care and Education: The Critical Connection. Child Care Action Campaign. New York: September, 1993.

Copple, Carol, Sharon Kagan, and Janet Levy. Are We Ready? Collaboration to Support Young Children and Their Families. American Public Welfare Association and the Council of Chief State School Officers. Oak Brook, IL: North Central Regional Educational Laboratory, March, 1992.

Kunesh, Linda. "Integrating Community Services for Young Children and Their Families," Policy Briefs. North Central Regional Educational Laboratory, Report 3. Oak Brook, IL: 1983.

Sugarman, Jule. Building Early Childhood Systems. Child Welfare League of America. Washington, DC: 1991.